



COURSE SUMMARY FORM

109 Governor Street
Madison Bldg., Suite UB-55
Richmond, Virginia 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7540

Course Information:

Course # _____ Topic # _____

Type of Program: (Check appropriate box)

- ☐ First Responder Basic
- ☐ First Responder Required Topics
- ☐ EMT - Basic
- ☐ EMT - Required Topics
- ☐ Auto/Semiautomatic Defibrillator (Separate from F/R or EMT-B course)
- ☐ BLS CE Program: _____ (Program must include Cat. 1 Topics)
- ☐ First Responder Refresher
- ☐ EMT - Refresher

Number of students at beginning of course: _____ Date course ended: _____ Instructor Information:

List only STATE CERTIFIED EMT-INSTRUCTORS who assisted with teaching
this course and the number of hours they taught.

NOTE: Each EMT-Instructor should submit Teaching Hours for every hour of instruction they provided in this course. Multiple Instructors may receive credit during the time periods used for small group and practical skills lessons.

Lead Instructor:	CERT#:	Hours:
_____	_____	_____
Assisting Instructors:	CERT#:	Hours:
_____	_____	_____
_____	CERT#:	Hours:
_____	CERT#:	Hours:
_____	CERT#:	Hours:
_____	CERT#:	Hours:
_____	CERT#:	Hours:
_____	CERT#:	Hours:
_____	CERT#:	Hours:

If additional Instructors assisted, please list them on the back of this form and check this space:
Name and signature of person submitting this information:

[PRINT NAME]

[SIGNATURE]

[DATE]

DO NOT SUBMIT THIS FORM FOR ALS COURSES OR PROGRAMS NOT CONTAINING BLS CATEGORY 1 CE HOURS

[illegible]